

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41396

FILED JAN 4 1951

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 363	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn Mo.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede Mo.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Mar. 20, 1874</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>9</u>		11. BIRTHPLACE (State or foreign country) <u>Freeman, Mo., Cass Co.</u>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>J. J. Ausmus</u>		13b. MOTHER'S MAIDEN NAME <u>Martha</u>	
13c. NAME OF HUSBAND OR WIFE <u>James T. Davis</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm. F. Laman</u>		ADDRESS <u>U.S.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>essential hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>chronic</u> <u>chronic</u> <u>1/3/41</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July, 1936</u> to <u>Dec. 20, 1950</u> , that I last saw the deceased alive on <u>Dec. 20, 1950</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Wm. F. Laman D.O. 2</u>	
23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>12-20-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-23-50</u>		REGISTRAR'S SIGNATURE <u>W B Erwin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home</u>		ADDRESS <u>Laclede, Mo.</u>		26. DATE OF DEATH		27. TIME OF DEATH	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2
Date Received:
DISTRICT HEALTH OFFICE
District File Number 2-
Date Filed
DEC 28 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Laurel - Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.